



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <i>X/ Mary Taylor</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Northern District of MS            911 Jackson Avenue East            #273            Oxford, MS 38655</p>		<p>B. Received by (Printed Name)  <i>Mary Taylor</i></p>	<p>C. Date of Delivery  <i>2-25-08</i></p>
<p>2. Article Number            (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt <i>08 05 cr 142</i> 102506-02-M-1540</p>	

FILED

FEB 28 2008 PH  
 MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT

FEB 28 2008

08cr 142